



07-12-06

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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	MBT-1067
	First Named Inventor	DUNN, et al.
	Original Patent Number	6,125,548
	Original Patent Issue Date (Month/Day/Year)	3/21/2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SBI/ 56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: Certificate of Mail Via Express Mail...	
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)		
a. <input type="checkbox"/> Computer Readable Form (CFR)		
b. Specification Sequence Listing on:		
i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or		
ii <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

18. CORRESPONDENCE ADDRESS

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Signature		Date	7/10/2001

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104-9046 U.S. PTO
06/902965
07/11/01

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): DUNN, et al.

Docket No.

MBI-1067

Serial No.
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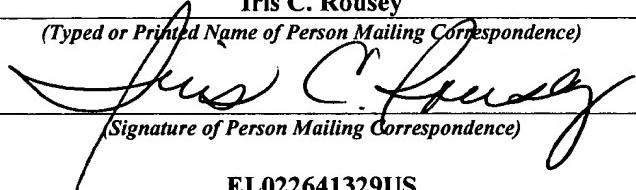
Invention: BOTTLE RACK

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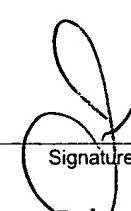
Reissue Patent Application Transmittal; Specification, Claims & Abstract (4 pgs.); Formal Drawings (3 pgs.); Reissue Application Fee Transmittal Form (in dup); Reissue Declaration and Power of Attorney including Statement of Inoperativeness or Invalidity; Offer to Surrender, Assent of Assignee, and Power of Attorney; PTO Form 1449; Transmittal letter of Information Disclosure Statement ; Copies of cited References; and a Check for \$435.00 .

(Identify type of correspondence)

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July 10, 2001*(Date)***Iris C. Rousey***(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)***EL022641329US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) MBI 1067				
Claims as Filed - Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra		Small Entity		Other than a Small Entity		
			Number	Extra	Rate	Fee	Rate	Fee	
(A) 4	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0	=	x \$ _____ =	or	x \$ _____ =		
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	* 2	=	x \$ 40 = 80		x \$ _____ =		
Basic Fee (37 CFR 1.16(h))					\$ 355				\$ _____
Total Filing Fee					\$ 435	OR	\$		
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For		(3) Extra Claims Present	Small Entity		Other than a Small Entity	
			Rate	Fee		Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	=	x \$ _____ =	x \$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =	x \$ _____ =			
Total Additional Fee					\$	OR	\$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>									
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0462</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>\$ 435.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>									
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>									
<p><u>7/10/01</u> Date</p>									
 <p>Signature of Applicant, Attorney or Agent of Record</p>									
<p><u>John L. Knoble</u> Typed or printed name</p>									